

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2007 08:00 AM
Secretary of State

DOCUMENT # F00000006906

1. Entity Name
MORBARK, INC.



Principal Place of Business
**8507 S. WINN ROAD
WINN, MI 48896**

Mailing Address
**8507 S. WINN ROAD
WINN, MI 48896**

DO NOT WRITE IN THIS SPACE



03262007 No Chg-P CR2E034 (11/05)

4. FEI Number 38-2805772	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PC
MOREY, LON
8507 S. WINN ROAD
WINN, MI 48896**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
ROBISON, MILAN
8507 S. WINN ROAD
WINN, MI 48896**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
NOCH, LARRY
8507 S. WINN ROAD
WINN, MI 48896**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
LEHMANN, DEBRA
8507 S. WINN ROAD
WINN, MI 48896**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
BARDOS, GARY
8507 S WINN ROAD
WINN, MI 48896**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000686463
04/09/07-80046-020 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Debra C. Lehmann, Treasurer*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MAR 26 2007

989-866-2381